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CONFIRMATION NO. 4496

<b>SERIAL NUMBER</b> 10/725,475	<b>FILING OR 371(c) DATE</b> 12/03/2003 <b>RULE</b> 1.47	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 54074D8
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/179,373 06/26/2002 which is a CIP of 10/035,045 01/03/2002  
 and is a CIP of 09/897,427 07/03/2001 PAT 6,955,887  
 and claims benefit of 60/300,434 06/26/2001  
 and claims benefit of 60/304,749 07/13/2001  
 and claims benefit of 60/310,493 08/08/2001  
 and claims benefit of 60/331,771 11/21/2001  
 and claims benefit of 60/339,472 12/14/2001  
 and claims benefit of 60/372,090 04/15/2002  
 and claims benefit of 60/374,143 04/22/2002

*AK 9.17.06*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*none AK 9.17.06*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 08/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 63	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>AK</i>				

**ADDRESS**  
21967

**TITLE**

Functional assays for identifying compounds that modulate T1R2/T1R3 (sweet) taste

<b>FILING FEE RECEIVED</b> 837	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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